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Bib Data Sheet

CONFIRMATION NO. 7568

<b>SERIAL NUMBER</b> 09/823,896	<b>FILING DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2181 3626	<b>ATTORNEY DOCKET NO.</b> 1011US07	
<b>APPLICANTS</b> Marion R. Rice, Rochelle, TX; Bindu R. Rao, Austin, TX;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/206,850 05/23/2000 <i>OK Ln 4-12-05</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none Ln 4-12-05</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. <b>SMALL ENTITY **</b> ** 05/16/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> CHRISTOPHER C. WINSLADE 2135 N. CLIFTON AVENUE CHICAGO ,IL 60614					
<b>TITLE</b> FDA alert monitoring and alerting healthcare network					
<b>FILING FEE RECEIVED</b> 549	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		